

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number U <u>1032</u>	2. Fiscal Year Covered From <u>7</u> / <u>7</u> / <u>2005</u> Through <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing Name <u>William</u> <u>Bumpers</u> P.O. Box Bldg Room No. If any _____ Street <u>130 E MOYNE DR</u> City <u>DAUPHIN ISLAND</u> State <u>AL</u> ZIP Code + 4 <u>36528</u>	4. Name, file number, and address of labor organization Name <u>ILA Local 1985</u> Labor Organization File Number <u>505-540</u> P.O. Box Building and Room Number If any _____ Street <u>2559 Old Shell Rd</u> City <u>Mobile</u> State <u>AL</u> ZIP Code + 4 <u>36607</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P.O. Box, Bldg Room No. If any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7. a. Nature of Interest, Transaction, or Income. _____ 7. b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>W. Bumpers</u>	On <u>3-30-06</u> Date <u>251-410-1606</u> Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<div>8. Name and address of Business (including trade name if any)</div> <div>Name <u>MSSA-ILA Welfare Plan</u></div> <div>Trade Name if any</div> <div>P O Box, Bldg Room No if any</div> <div>Street <u>260 St Anthony St</u></div> <div>City <u>Mobile</u></div> <div>State <u>AL</u> ZIP Code + 4 <u>36602</u></div>	<div>9 Business deals with</div> <div><input type="checkbox"/> a Labor Organization</div> <div><input checked="" type="checkbox"/> b Trust</div> <div><input type="checkbox"/> c Employer</div>
<div>10 If 9 b or 9 c is checked give trust or employer's name</div> <div>Name <u>MSSA-ILA Welfare Plan</u></div> <div>Trade Name if any</div> <div>P O Box Bldg. Room No. if any</div> <div>Street <u>260 St Anthony St</u></div> <div>City <u>Mobile</u></div> <div>State <u>AL</u> ZIP Code + 4 <u>36602</u></div>	<div>11 a Nature of such dealing</div> <div><u>Mr Bumpers is President of ILA Local 1985 And is A Trustee on the MSSA-ILA Welfare Plan</u></div> <div>11 b Approximate dollar value of such dealing <u>869 50</u></div> <div>12 a. Nature of interest held or income received</div> <div><u>Mr Bumpers receives reimbursement for wages lost due to meeting attendance</u></div> <div>12 b. Amount. <u>869 50</u></div>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<div>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any).</div> <div>Name</div> <div>Trade Name if any</div> <div>P O Box Bldg Room No if any</div> <div>Street</div> <div>City</div> <div>State ZIP Code + 4</div>	<div>14 a Nature of payment.</div> <div></div> <div>14 b Amount of payment.</div> <div></div>
<div>13 b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</div>	

a Control number Bumper		Void <input type="checkbox"/>		Copy D—For Employer OMB No 1545-0008	
b Employer identification number (EIN) 63-0391144		1 Wages, tips, other compensation 869 50		2 Federal income tax withheld	
c Employer's name address, and ZIP code MSSA-ILA WFLFARE P O BOX 2332 MOBILE, AL 36652-2332		3 Social security wages 869 50		4 Social security tax withheld 53 93	
		5 Medicare wages and tips 869 50		6 Medicare tax withheld 12 63	
		7 Social security tips		8 Allocated tips	
d Employee's social security number 423-68-3501		9 Advance EIC payment		10 Dependent care benefits	
e Employee's name address and ZIP code WILLIAM BI NPLRS 130 LEMOYNE DRIVE DAUPHIN ISLAND, AL 36528		11 Nonqualified plans		12a See instructions for box 12	
		13 Salary/wage employee Retirement plan Third-party sick pay		12b	
		14 Other		12c	
				12d	
15 State Employer's state ID number AL 046520		16 State wages tips, etc 869 50	17 State income tax	18 Local wages tips, etc	19 Local income tax
					20 Locality name

Form **W-2** Wage and Tax
Statement

2005

30 1005847 Department of the Treasury—Internal Revenue Service

For Privacy Act and Paperwork Reduction
Act Notices see back of Copy D

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